County: Ashl and MELLEN MANOR 450 LAKE DRIVE Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Partnershi p Skilled No No Average Daily Census: 35

| Services Provided to Non-Residents |] | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/00) | Length of Stay (12/31/00) | % |
|---------------------------------------------------------------|-------------|--------------------------------------------------|----------------|-----------------------------------------|-----------------|-----------------------------------------------|----------------|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year 1 - 4 Years | 43. 2 40. 5 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 8. 1 | More Than 4 Years | 16. 2 |
| Day Services Respite Care | No Yes | Mental Illness (Org./Psy) Mental Illness (Other) | 51. 4 10. 8 | 65 - 74 75 - 84 | 10. 8 29. 7 | | 100. 0 |
| Adult Day Care | Yes | Al cohol & Other Drug Abuse | 0.0 | 85 - 94 | 45. 9 | ****************** | ******* |
| Adult Day Health Care Congregate Meals | No No | Para-, Quadra-, Hemi pl egi c Cancer | 2. 7 0. 0 | 95 & 0ver | 5. 4 | Full-Time Equivale Nursing Staff per 100 R | |
| Home Delivered Meals Other Meals | No No | Fractures Cardi ovascul ar | 0. 0 10. 8 | 65 & 0ver | 100. 0 91. 9 | (12/31/00) | |
| Transportati on | No | Cerebrovascul ar | 10.8 | | ' | RNs | 5. 9 |
| Referral Service Other Services | No No | Di abetes Respi ratory | 2. 7 5. 4 | Sex | % | LPNs Nursing Assistants | 8. 6 |
| Provi de Day Programming for | | Other Medical Conditions | 5. 4 | Male | 45. 9 | Ai des & Orderlies | 36. 9 |
| Mentally Ill Provide Day Programming for | No | | 100. 0 | Female | 54. 1 | | |
| Developmentally Disabled *********************************** | No | · · · · · · · · · · · · · · · · · · · | ****** | · • • • • • • • • • • • • • • • • • • • | 100.0 | | **** |

Method of Reimbursement

| | | Medica (Title | | (| Medic Title | | | 0th | er | P | ri vate | Pay | | /anage | d Care | | Percent |
|---------------------|-----|------------------|---------|------|----------------|-----------|-----|------|----------|----|---------|----------|-----|--------|----------|-------|------------|
| | | | Per Die | m | | Per Di er | n | | Per Diem | | | Per Diem | 1 |] | Per Diem | Total | Of All |
| Level of Care | No. | % | Rate | No. | % | Rate | No. | % | Rate | No | . % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0% |
| Skilled Care | ŏ | 0. 0 | \$0.00 | 29 | 96. 7 | \$90.40 | ŏ | 0. 0 | \$0.00 | 7 | | \$108.00 | ŏ | 0. 0 | \$0.00 | 36 | 97. 3% |
| Intermedi ate | | | | 1 | 3. 3 | \$76.44 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 1 | 2. 7% |
| Limited Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj | . 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Dependen | t 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 0 | 0.0 | | 30 1 | 100.0 | | 0 | 0.0 | | 7 | 100.0 | | 0 | 0.0 | | 37 | 100.0% |

| *********** | | ****************** | · · · · · · · · · · · · · · · · · · · | **** | ********* | , , , , , , , , , , , , , , , , , , , | **** |
|--------------------------------|-------|-----------------------|---------------------------------------|----------------------|---------------|---------------------------------------|------------|
| Admissions, Discharges, and | | Percent Distribution | $of\ Residents'$ | Condi ti d | ons, Services | s, and Activities as of | 12/31/00 |
| Deaths During Reporting Period | | | | | Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | | stance of | % Totally | Number of |
| Private Home/No Home Health | 20.8 | Daily Living (ADL) | Independent | | r Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 4. 2 | Bathi ng | 2. 7 | one (| 62. 2 | 35. 1 | 37 |
| Other Nursing Homes | 12. 5 | Dressing | 10. 8 | | 81. 1 | 8. 1 | 37 |
| Acute Care Hospitals | 45.8 | Transferri ng | 54. 1 | | 24. 3 | 21. 6 | 37 |
| Psych. HospMR/DD Facilities | 12. 5 | Toilet Use | 32. 4 | | 40. 5 | 27. 0 | 37 37 |
| Rehabilitation Hospitals | 0. 0 | Eating | 62. 2 | | 32. 4 | 5. 4 | 37 |
| Other Locations | 4. 2 | **************** | ****** | ***** | ********* | ********* | ****** |
| Total Number of Admissions | 24 | Continence | | % | Special Trea | | % |
| Percent Discharges To: | | Indwelling Or Externa | | 2. 7 | | Respiratory Care | 2. 7 |
| Private Home/No Home Health | 13. 6 | Occ/Freq. Incontinent | | 62 . 2 | | Tracheostomy Care | 0. 0 |
| Private Home/With Home Health | 4. 5 | Occ/Freq. Incontinent | of Bowel | 29. 7 | Recei vi ng | Suctioning * | 0. 0 |
| Other Nursing Homes | 9. 1 | | | | | Ostomy Care | 0. 0 |
| Acute Care Hospitals | 9. 1 | Mobility_ | _ | | | Tube Feeding | 0. 0 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | i | 0. 0 | Recei vi ng | Mechanically Altered Di | ets 24.3 |
| Rehabilitation Hospitals | 0. 0 | | | | | | |
| Other Locations | 0.0 | Ski n Care | | | | ent Characteristics | |
| Deaths | 63. 6 | With Pressure Sores | | 2. 7 | | nce Directives | 48. 6 |
| Total Number of Discharges | | With Rashes | | 16. 2 | Medi cati ons | | |

(Including Deaths)

(Inclu

| | Ownershi p: | | Bed | Si ze: | | ensure: | | | |
|------------------------------------------------------|----------------------|--------------|-----------|--------|-------|---------|-------|------------|-------|
| | Thi s | Prop | ori etary | Unde | er 50 | Ski l | led | Al l | |
| | Facility | Peer | Group | Peer | Group | Peer | Group | Facilities | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 87. 5 | 80. 4 | 1. 09 | 87. 1 | 1. 01 | 84. 1 | 1. 04 | 84. 5 | 1.04 |
| Current Residents from In-County | 59 . 5 | 74. 2 | 0. 80 | 73. 7 | 0.81 | 76. 2 | 0. 78 | 77. 5 | 0. 77 |
| Admissions from In-County, Still Residing | 41. 7 | 19. 0 | 2. 19 | 39. 5 | 1.06 | 22. 2 | 1. 88 | 21. 5 | 1.94 |
| Admissions/Average Daily Census | 68 . 6 | 135. 3 | 0. 51 | 77. 9 | 0. 88 | 112. 3 | 0.61 | 124. 3 | 0. 55 |
| Discharges/Average Daily Census | 62. 9 | 137. 7 | 0. 46 | 73.8 | 0.85 | 112.8 | 0. 56 | 126. 1 | 0. 50 |
| Discharges To Private Residence/Average Daily Census | 11. 4 | 57. 0 | 0. 20 | 18. 5 | 0. 62 | 44. 1 | 0. 26 | 49. 9 | 0. 23 |
| Residents Receiving Skilled Care | 97. 3 | 89. 4 | 1. 09 | 78. 5 | 1. 24 | 89. 6 | 1.09 | 83. 3 | 1. 17 |
| Residents Aged 65 and Older | 91. 9 | 95. 9 | 0. 96 | 96. 1 | 0. 96 | 94. 3 | 0. 97 | 87. 7 | 1.05 |
| Title 19 (Médicaid) Funded Residents | 81. 1 | 71.6 | 1. 13 | 79. 5 | 1.02 | 70. 1 | 1. 16 | 69. 0 | 1. 18 |
| Private Pay Funded Residents | 18. 9 | 19. 0 | 1. 00 | 19. 0 | 0. 99 | 21.4 | 0.89 | 22. 6 | 0.84 |
| Developmentally Disabled Residents | 0. 0 | 1. 2 | 0.00 | 1. 5 | 0.00 | 0. 9 | 0.00 | 7. 6 | 0.00 |
| Mentally Ill Residents | 62. 2 | 35. 9 | 1. 73 | 60. 0 | 1.04 | 39. 6 | 1. 57 | 33. 3 | 1.86 |
| General Medical Service Residents | 5. 4 | 18. 2 | 0. 30 | 10. 2 | 0. 53 | 17. 0 | 0. 32 | 18. 4 | 0. 29 |
| Impaired ADL (Mean) | 44. 3 | 47. 3 | 0. 94 | 49. 5 | 0. 90 | 48. 2 | 0. 92 | 49. 4 | 0. 90 |
| Psychological Problems | 54. 1 | 45. 0 | 1. 20 | 63. 4 | 0.85 | 50.8 | 1.06 | 50. 1 | 1.08 |
| Nursing Care Required (Mean) | 5. 7 | 6. 7 | 0. 85 | 5. 7 | 1.00 | 6. 7 | 0.85 | 7. 2 | 0.80 |